

PLEASE FOLD THIS SHIPPING DOCUMENT IN HALF AND PLACE IT IN A WAYBILL POUCH AFFIXED TO YOUR SHIPMENT SO THAT THE BARCODE PORTION OF THE LABEL CAN BE READ AND SCANNED. \*\*\*WARNING: USE ONLY THE PRINTED ORIGINAL LABEL FOR SHIPPING. USING A PHOTOCOPY OF THIS LABEL FOR SHIPPING PURPOSES IS FRAUDULENT AND COULD RESULT IN ADDITIONAL BILLING CHARGES, ALONG WITH THE CANCELLATION OF YOUR FEDEX ACCOUNT NUMBER.

From: Origin ID: GSHA (317) 123-4567  
JOHN DOE  
A1 HOSPITAL  
1234 MICROBIOLOGY LANE  
  
INDIANAPOLIS, IN 46202



J10101009010224

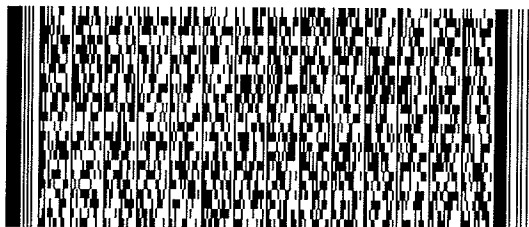
Ship Date: 21FEB11 Dry Ice: 0.9 KGS  
ActWgt: 5.0 LB MAN  
CAD: 823654/CAFE2472

Delivery Address Bar Code



Ref #  
Invoice #  
PO #  
Dept #

SHIP TO: (317) 921-5500 BILL SENDER  
**MARK GLAZIER**  
**INDIANA STATE DEPARTMENT OF HEALTH**  
**550 W. 16TH ST.**  
**SUITE B**  
**INDIANAPOLIS, IN 46202**

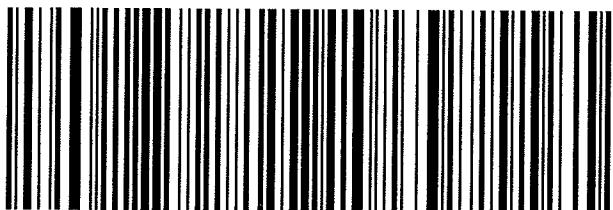


TRK#  
0201 4815 8771 7910

TUE - 22 FEB A1  
PRIORITY OVERNIGHT  
ICE

**53 GSHA**

46202  
IN-US  
IND



505C1/82C2/D447